Health Regulation & Licensing Administration Intermediate Care Facilities Division 899 North Capitol St., N.E.

PRINTED: 07/13/2011 FORM APPROVED

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STATE WENT OF DEFICIEN AND FLAN OF CORRECTIO	CIES (X1) PROVIDER/SUPP IDENT/FICATION I	NUMBER:	(X2) MULTI A. BUILDIN B. WING	N.D.C. 20002 PLE CONSTRUCTION G	1			
TATE OF PROVIDER OR S	STREET ADDRESS, CITY, STATE, ZIP CODE							
CARLS PLACE			404 NEWCOMB ST, SE WASHINGTON, DC 20032					
X4 IC SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAU REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE			

(000) INITIAL COMMENTS

A follow-up survey was conducted on July 5, 2011, based on the deficiencies cited on April 19, 2011.

The survey findings was based on observations in the home, interviews with administrative management, nursing and direct care staff, and a review of resident and administrative records. including incident reports.

3502.2(b) MEAL SERVICE / DINING AREAS

Modified diets shall be as follows:

(b) Planned, prepared, and served by individuals who have received instruction from a dietifian: anc.

This Statute is not met as evidenced by: Based on interviews, as well as review of staff in-service training records, the facility failed to ensure that modified diets were planned. prepared, and served by individuals who had received instruction from a dietitian. (Residents #1, #2, #3, #4 and #5)

The findings include:

A follow-up survey was conducted on July 5. 2011. Interview with the Residential Program. Director (RPD) on the same day at approximately 11.48 a m revealed the facility had hired a new nutritionist. According to the RPD, the new nutritionist had been in the facility on June 18. 2011 and July 2, 2011 to conduct assessments.

Observation on July 5, 2011, at approximately 7.25 **a**.m. revealed Resident #1 was asleep and sitting in

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Carl's Place has hired a Nutritionist to address 8-1-2011

the nutritional care of all the residents. The nutritionist is in the process of training the staff on the Individuals diets and creating a new menu per the Individuals diets. The Nutritionist will have an agenda and a sign in sheet. The administrative team reviews all nutritional records monthly and provides the CEO with updates on the nutritional status of the residents. Carl's Place has hired a Quality Assurance Coordinator to provide monitoring and systemic reviews of the records monthly. The Administrative Team meets monthly to review the QA reports to address corrective action plans. A new Residential Director has been hired as well to oversee the day to day operations and works closely with the Nutritionist ensure proper nutritional care for all residents. Carl's Place has developed Standard Operating Procedures for the day to day oversight of Healthcare issues in the affected deficit areas. The Administrative Team is in the process of revising the policies, training staff, and developing procedural practices to

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ABORATIONY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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TITLE

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STATEMENT OF DEFICIENCIES PAG PLAN OF CORRECTION

SHALL OF PROVIDED OF SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

> R-C 07/05/2011

HFD12-0040

D12-0V40

STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE

CARLS PLACE

BUSINARY STATEMENT OF DEFICIENCIES ID PRESIX

TO THE FEGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

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PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETE DATE

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the facility's living room. Further observation revealed the resident appeared to be obese.

Interview with the facility's Registered Nurse (RN) was conducted on July 5, 2011 at approximately 3 30 p.m. to ascertain information regarding weight charts. Review of the weight charts revealed Resident #1 weighed 174 pounds as of June 2011. Review of the resident's record revealed an initial nutritional assessment dated March 19 2011. According to the assessment, the resident was recommended a 1800 calorie diet. Further review of the record revealed the resident #1's desired body weight (DBW) was 97-127 lbs. It should be noted that the resident was 47 lbs overweight.

Observation of the meal preparation for dinner on July 5, 2011, beginning at approximately 6:16 p.m., revealed the staff making macaroni and tuna salad which appeared to have an excessive amount of mayonnaise. The menu prescribed peef stew.

Interview and review of the training records revealed nutritional training was conducted on June 4, 2011 by the facility's Registered Nurse (RN) and not a dietician. Review of the sign-in sheet revealed the training was on nutrition, however, there was no documented evidence of an agenda available for review

2 Review of Resident #2' and #3's records on July 5, 2011 at approximately 11:38 a.m. revealed that there was not a nutritional quarterly conducted since July 16, 2010. The Plan of Correction (POC) for the survey conducted on April 19, 2011 revealed the facility would ensure that staff would be trained by a dietician regarding planning, preparing and serving meals by May 12,

ensure the deficit areas do not occur again for all residents. A Quality Assurance Coordinator 8-1-2011

all residents. A Quality Assurance Coordinator has been hired to provide oversight in affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. A team of Health Care professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of the RN, LPN, Nutritionist and Behavior Specialist, Carl's Place has instituted monthly administrative /management meeting team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as

FORM APPROVED Teath Regulation & Licensing Administration STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF COMPECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER COMPLETED A. BUILDING 8. WING HFD12-0040 07/05/2011 NAZE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE CARLS PLACE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES 8 G (C) PROVIDER'S PLAN OF CORRECTION 2022,2 EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE 720 REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) 1942) Continued From page 2 {| 042} 2011 outlined in their ISP's. A Quality Assurance 8-1-2011 It was revealed on the previous survey that Coordinator has been hired to provide oversight Resident #2's and #3's recommended diet was 1800 calories, low sodium, and low fat. Their in the affected areas. The Quality Assurance 18W (Ideal Body Weight)s were 200 pounds and Coordinator conducts monthly monitoring 160 pounds respectively. Review of the weight reviews to ensure the agency meets compliance chart on July 5, 2011 revealed Resident #2's current weight was 210.6 and Resident #3's for Federal, State and local requirements. Carl's current weight was 172.2 Resident #2 was ten Place has instituted monthly pounds overweight and Resident #3 was twelve administrative/management team meetings pounds overweight. that consists of the RN,LPN, and Administrative 3 Review of Resident #4's record on July 5. Coordinator, CEO, Quality Assurance and 2011 revealed a Nutritional Counseling" session residential Director to review policies and conducted on February 12, 2011. Continued review of the document revealed the session was procedures and conduct quality assurance entitled "face to face with "Individual and reviews to ensure compliance and that the Family/Staff. According to the documented residents are receiving services as outlined in session the resident's DBW was 186 pounds. and his current weight was 254.6. It should be their ISP's. noted that the resident was seventy pounds overweight. Review of the resident's weight chart revealed in June 2011 his Weight was 262.8 pounds, which reflected a eight pound weight gain since the February 12, 2011 assessment, 4. Review of Resident #5's record on July 5 2011 at approximately 11:38 a.m. revealed that there was not a nutritional quarterly conducted since July 16, 2010. The Plan of Correction (POC) for the survey conducted on April 19, 2011 revealed the facility would ensure that staff would

be trained by a dietician regarding planning. preparing and serving meals by May12, 2011. interview and review of the training records revealed training was conducted on June 4, 2011 by the facility's Registered Nurse (RN) and not a distician. Review of the sign-in sheet revealed the training was on nutrition, however, there was

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FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFIGIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION 440 PLAN OF CORPECTION **GENTIFICATION NUMBER** COMPLETED A BUILDING R-C B. WING HFD12-0040 07/05/2011 NAME OF PROMO**ER OR SUPPLIER** STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE CARLS PLACE WASHINGTON, DC 20032 74130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) per en la EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENT: FYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (1042) Continued From page 3 {1042} no documented evidence of an agenda. Carl's Place has hired a Nutritionist to address 8-1-2011 It was revealed on the previous survey that the nutritional care of all the residents. The Resident #5's recommended diet was 1800 nutritionist is in the process of training the staff calories, low sodium, and low fat. Her IBW (Ideal on the Individuals diets and creating a new Body Weight) was 170 pounds. menu per the Individuals diets. The Nutritionist At the time of the survey, there was no will have an agenda and a sign in sheet. The documented evidence that the staff had received administrative team reviews all nutritional instructions/training from a dietician before planning, preparing and serving meals. records monthly and provides the CEO with updates on the nutritional status of the residents. Carl's Place has hired a Quality Previous Deficiencies from April 19, 2011 Assurance Coordinator to provide monitoring interview with the direct care staff on April 19. and systemic reviews of the records monthly. 2011 at approximately 4:06 p.m., revealed all the residents had been prescribed a 1800 calorie diet The Administrative Team meets monthly to with the exception of Resident #1. According to review the QA reports to address corrective the direct care staff. Resident #1 had been action plans. A new Residential Director has prescribed a 2200 calorie diet. Observation and been hired as well to oversee the day to day interview on the same evening revealed beef stroganoff and vegetables were being served. operations and works closely with the The direct care staff revealed that residents Nutritionist ensure proper nutritional care for would also be served 2% milk, which was observed to be in the facility's refrigerator. all residents. Carl's Place has developed Standard Operating Procedures for the day to it should be noted that the direct care staff was day oversight of Healthcare issues in the observed using a beef stroganoff seasoning packet, observation of the back of the package affected deficit areas. The Administrative Team revealed the seasoning contained 500 mg of is in the process of revising the policies, training sodium. staff, and developing procedural practices to Review of the GHPID's menus revealed ensure the deficit areas do not occur again for individuals prescribed 1800 calorie diets should all residents. A Quality Assurance Coordinator receive skim milk. Review of the resident's has been hired to provide oversight in affected medical records revealed physician orders for April 2011 which verified the prescribed diets and areas. The Quality Assurance Coordinator

also revealed that they were prescribed low

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FORM APPROVED health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PAD FLAN OF GORRECTION COMPLETED IDENTIFICATION NUMBER A. BUILDING B. WING HFD12-0040 07/05/2011 MAME OF PROMOTE OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST. SE CARLS PLACE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES - X.1 - 113 PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE \$P\$\$\$:2 PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (1942) Continued From page 4 (1 042) Review of the GHPID's training records on April 8-1-2011 19, 2011 at approximately 10:53 a.m., revealed the most current training entitled "menus" was scheduled on November 10, 2010. Review of the conducts monthly monitoring reviews to ensure sign-in in-service sheet revealed there was no signature identifying the trainer nor was there an the agency meets compliance for Federal, State agenda. At the time of the survey, there was no and local requirements. A team of Health Care documented evidence that the staff had received professionals have been hired to oversee the instructions/training from a dietician before planning preparing and serving meals. Health and Wellness of the Residents. The team consists of the RN. LPN. Nutritionist and

(1043) 3502.2(c) MEAL SERVICE / DINING AREAS

Modified diets shall be as follows:

(c) Reviewed at least quarterly by a dietitian.

This Statute is not met as evidenced by. Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that the resident's modified diet was reviewed at least quarterly by the consulting dietitian for three of the three residents included in the sample. (Residents #2, #3, and #5)

The finding includes:

1 Review of Resident #2's medical record on April 19, 2011 at approximately 12:33 p.m. revealed the most recent Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 15, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium. The nutritional quarterly also revealed the resident weighed 226.6 lbs with an ideal body weight of 200 lbs. The surveyor also reviewed the resident's weight chart which revealed

the agency meets compliance for Federal, State and local requirements. A team of Health Care professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of the RN, LPN, Nutritionist and Behavior Specialist. Carl's Place has instituted monthly administrative /management meeting team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as

outlined in their ISP's. A Quality Assurance
Coordinator has been hired to provide oversight
in the affected areas. The Quality Assurance
Coordinator conducts monthly monitoring
reviews to ensure the agency meets compliance
for Federal, State and local requirements. Carl's
Place has instituted monthly
administrative/management team meetings
that consists of the RN,LPN, and Administrative
Coordinator, CEO, Quality Assurance and
residential Director to review policies and
procedures and conduct quality assurance
reviews to ensure compliance and that the
residents are receiving services as outlined in
their ISP's.

continuation sheet 5 of 7

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STATEMENT OF DESIGIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. HFD12-0040		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMP	(X3) DATE SURVEY COMPLETED R-C	
						07/05/2011		
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE			
CARLS	PLACE			COMB ST, S TON, DC 2				
74 D 24557 74 D	-EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SO IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
(1043)	Continued From pa	ge 5		{I 043}				
		enty (20 lbs) over his	s ideal					
	body weight as of N	larch 2011.		Carl's Place has hired a Nutritionist to address 8-1-2011				
	At the time of the su	rvev, the GHPID fail	ed to	the nutritional care of all the residents. The				
	ensure Resident #2			nutritionist is in the process of training the staff				
	at least quarterly.			on the Individuals diets and creating a new				
	2. Review of Reside	of Resident 3's medical record on			the Individuals diets. The N	utritionist		
	April 19, 2011 at rev			will have an agenda and a sign in sheet. The				
	Nutritional Evaluation was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up revealed a diet order for 1800 calorie, low fat, low sodium, low cholesterol. The nutritional quarterly also revealed the resident weighed 182 lbs with an ideal body weight of 160 lbs. The surveyor also reviewed the resident's weight chart which revealed Resident #3 was nineteen (19 lbs) over his ideal body weight as of			administrative team reviews all nutritional records monthly and provides the CEO with				
				updates on the nutritional status of the				
				residents. Carl's Place has hired a Quality				
				Assurance Coordinator to provide monitoring				
				and systemic reviews of the records monthly.				
				The Administrative Team meets monthly to				
April 2011				review the QA reports to address corrective				
	At the time of the survey, the GHPID failed to				•			
ensure Resident #3's modified diet was reviewed at least quarterly.			action plans. A new Residential Director has been hired as well to oversee the day to day					
			operations and works closely with the					
	3 Review of Reside	v of Resident #5's medical record on			Nutritionist ensure proper nutritional care for			
April 19 2011 at approximately 12:13 p.m.								
	revealed the most recent Nutritional Evaluation			all residents. Carl's Place has developed				
was a "Quarterly Nutritional Follow-Up" dated July 16, 2010. Further review of the follow-up			Standard Operating Procedures for the day to					
revealed a diet order for 1800 calorie, lo sodium. The nutritional quarterly also re			day oversight of Healthcare issues in the affected deficit areas. The Administrative Team					
	the resident weighed weight of 170 lbs. T			is in the p	process of revising the policie	s, training		
	the resident's weight			:	1			
	Resident #3 was thin ideal body weight as	ty-seven (37 lbs) ovi		,				

at least quarterly.

At the time of the survey, the GHPID failed to ensure Resident #5's modified diet was reviewed

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FORM APPROVED Health Regulation & Licensing Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION X1: PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING R-C B. WING 07/05/2011 HFD12-0040 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 404 NEWCOMB ST, SE CARLS PLACE WASHINGTON, DC 20032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) 245 15 EACH CORRECTIVE ACTION SHOULD BE COMPLETE EACH DEFICIENCY MUST BE PRECEDED BY FULL TOEF!x PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY {| 043} # 043 | Continued From page 6 8-1-2011 staff, and developing procedural practices to A follow-up survey was conducted on July 5. ensure the deficit areas do not occur again for 2011. Interview with the Residential Program all residents. A Quality Assurance Coordinator Director (RPD) on the same day at approximately 11:48 a.m. revealed the facility had hired a new has been hired to provide oversight in affected nutritionist. According to the RPD, the new areas. The Quality Assurance Coordinator nutritionist had been in the facility on June 18, conducts monthly monitoring reviews to ensure 2011 and July 2, 2011. the agency meets compliance for Federal, State At the time of the follow-up survey, there was no and local requirements. A team of Health Care documented evidence of Resident #2, #3, and #5 professionals have been hired to oversee the Health and Wellness of the Residents. The team consists of the RN, LPN, Nutritionist and Behavior Specialist. Carl's Place has instituted monthly administrative /management meeting team meetings that consist of the RN, LPN, Administrative Coordinator, CEO, Quality Assurance and Residential Director to review policies and procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in their ISP's. A Quality Assurance Coordinator has been hired to provide oversight in the affected areas. The Quality Assurance Coordinator conducts monthly monitoring reviews to ensure the agency meets compliance for Federal, State and local requirements. Carl's Place has instituted monthly administrative/management team meetings that consists of the RN,LPN, and Administrative

Coordinator, CEO, Quality Assurance and

residential Director to review policies and

procedures and conduct quality assurance reviews to ensure compliance and that the residents are receiving services as outlined in

their ISP's.

Health Regulation & Licensing Administration STATE FORM

continuation sheet 7 of 7